



QuickGuide:
Food Allergies & Elimination Dieting

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Chapter One

Anyone with chronic symptoms of any kind should rule out the possibility that they are reacting to one or more types of food. It seems like a pretty straightforward task. After all, symptoms are commonly caused by an exposure of some kind, and there is no greater source of exposure to our environment than through our foods.

The challenge here is that we all generally like what we eat. If milk chocolate is your favorite sweet snack, you probably aren't happy with the idea that the dairy or the sugar in that snack is associated with some chronic symptoms you are experiencing.

The 3-week hypoallergenic diet described in this book is a test for identifying foods that cause some kind of unhealthy reaction in your body. It isn't fool-proof. It's possible for this method to fail to identify an allergenic food. But in clinical practice, probably 80% of patients experience a reduction of their symptoms that range from slight to profound improvements.

It is not uncommon that a chronic disease that has gone on for years such as asthma or psoriasis will resolve completely once one or two allergenic foods are identified and removed using this 3-week diet. For those people, as long as those foods stay out of the diet, the disease never returns. Other conditions commonly improved by eliminating foods identified with this diet include fatigue, headaches (including migraines), hyper/hypothyroidism, anxiety, hormonal and menstrual symptoms, chronic digestive complaints and many others.

You might ask, "Why not just do a blood test or a skin prick test?" The answer is that there are at least 6 different ways that any given person might react to a food. Some of those are reactions that involve the immune system, but not all of them are.

Is this a long-term diet or is it a short-term food allergen test?

It's both. The food guidelines can be used short-term to identify specific foods that are associated with symptoms in some way. Once identified, those specific foods can be eliminated and the rest of the foods (the ones that don't cause symptoms when reintroduced during the test period) can be eaten as you like.

The guidelines can also be maintained indefinitely. Following the diet guidelines described in chapter 2 virtually guarantee that you are eating a very healthy, nutritious diet. Most people – but not all people – who eat that diet will lose weight, feel more energetic and generally reduce their risk of chronic disease.

It's just a healthy way to eat, no matter how long you do it.

Any test that might be done will check for 1 or maybe 2 types of reactions, but no test will check for them all. The only way to determine for sure if you react to a food is to eliminate it for a while, then reintroduce it and look for symptoms.

Mentally Preparing for the Diet

As with most things about health, this diet is simple, but it isn't easy. Following this diet probably means a very radical change in how you currently eat. Therefore, I encourage people to go through a few steps prior to even beginning the diet period.

First, realize the importance of what you're doing. This may very well be the only time in your life that you will get to discover the detrimental impact of foods that you're eating on a regular basis. The vast majority of people will never take the opportunity get that information. This simple test may very well be the difference between a lifetime of persistent symptoms and a lifetime free of those symptoms.

So, step one is to congratulate yourself for doing something that will benefit you for the rest of your life.

The second step is to get out a calendar. You need to pick a string of about 6 weeks where you won't be traveling, won't be going to dinner parties, won't be attending weddings or office parties or celebrating big holidays. Some people manage to stick with the diet through these kinds of events, but most find it difficult. Since we're trying to maximize your chances of finishing the test with 100% compliance throughout, I recommend avoiding these kinds of temptations unless you have full confidence in your level of discipline.

Pick a starting date. It can be as far in the future as you like. I suggest that you mark it clearly on your calendar. You want to give yourself enough time between now and your start time to do some menu planning and grocery shopping (see chapter 5 for suggestions). It's good to tell friends and family what you're doing, but only if you feel sure that they'll be supportive. If you think you're probably going to have to justify to each one of them why you are doing it and assure them that you aren't joining a cult or starving yourself, that's a kind of support you can probably do without.

Explaining vs. Justifying

It's fine and even good if friends and family ask you to explain the test that you're doing, why you're doing it and the potential advantages of it. This gives you the opportunity to educate people in your life about the impact of foods on health.

However, many people might feel threatened by your choosing to follow these diet guidelines. You might be told that it's unnecessary to eliminate foods, or that you aren't going to get enough protein, or that you will become vitamin deficient, or any number of other things.

I encourage you to resist getting into arguments about these things. You can be confident that these "concerns" are unfounded, and are possibly triggered by their own resistance to restricting their diet.

Food choices bring up lots and lots of issues for many people. Simply express your appreciation for their concerns, then suggest that they read this short book if they want to understand this program more thoroughly.

Finally, an important word of caution about any medications you may currently be on.

This diet is not a medical treatment. It is not intended to diagnose or treat any disease. However, be aware that if you are taking medications to manage one or more chronic diseases or symptoms, your need for those medications may change over the course of this diet. If you take medications "as needed" to control conditions such as allergies, asthma, reflux or pain, then keep in mind that you might be needing those less by the end of this process. If you take medications daily for things like high blood pressure or hyper/hypothyroidism, then it's possible that the dosage needed to control those conditions may change as you do this test.

For example, a patient with diabetes was taking insulin. Even with the daily insulin the patient's fasting blood sugar hovered around 200. Within a week of starting this diet the fasting blood sugar had dropped to around 80. The insulin dosage needed to be reduced accordingly.

It is *extremely important* that your physicians know that these changes could take place so dosages can be adjusted as necessary.

You should consider telling the prescribing physician that you are doing this hypoallergenic diet to identify any foods that might be contributing to your symptoms. If you don't get their full support, encouragement and willingness to help monitor your changing medication needs, then run-not-walk to a different physician. You need to work with a physician who is going to care for your health and support you as you do the same.

Chapter Two

OK, it's time to lay it on the line. For three full weeks, the following foods are to be avoided in all forms and in all quantities:

Gluten grains: Remember BROWS, which stands for Barley, Rye, Oats, Wheat and Spelt. There are a few other gluten grains, such as kamut, bulgur and malt, but the BROWS are the most common that you'll run into.

Dairy: read labels and eliminate anything that contains any kind of milk protein or lactose. This includes dairy from all kinds of animals.

Soy: Watch out for lecithin, which is a common food additive and is usually derived from soy (unless otherwise stated on the label). Also, most multivitamins contain soy in the form of vitamin E, which is derived from soy.

Corn

Eggs: This includes both whites and yolks.

Nightshades: This family of vegetables includes eggplant, tomatoes, potatoes and peppers. The exceptions to this are sweet potatoes and black pepper (yams are not OK to eat). Again, many multivitamins contain potato in the form of vitamin A palmitate, so read the labels and avoid vitamin A in that form.

Red meat

Peanuts: These are best to eliminate from your diet permanently. It isn't because of the allergy issue, but because of the mold issue. All peanuts – including organic peanuts – grow mold on them, and that mold produces something called aflatoxin. Look it up if you'd like. It's an extremely potent cancer-causing substance and you're better off not being exposed to it.

Coffee

Alcohol

Sugar: This refers to added sugar. Obviously fruit has sugars in it. Here we're referring to foods that contain added sugar. Many natural foods have other kinds of sweeteners added, such as

maple syrup, agave or brown rice syrup. I recommend that you avoid these as much as possible, but it won't ruin the diet if you eat something sweetened with one of these.

Some things are not on this list, but hopefully are obvious: no artificial sweeteners (aspartame, sucralose, saccharin), no artificial food colorings, no artificial anything. And you'll notice that those things aren't on the reintroduction schedule, either. I hope the reason is obvious.

There you have it. Give yourself a few moments for that sense of dread to pass. Take a few deep breaths (unless you are already hyperventilating). Remind yourself why you are doing this.

This short eBook can't possibly take the time and space to explain the rationale behind each food group included on this elimination list. If you're interested in a more thorough explanation for including each group here, you can find copious amounts of information on the web. Search specifically for the inflammatory effects of each food and/or the health risks associated with each one.

Now that you have the master list of foods to eliminate, the next thing you need to know is what to do along with the eliminations in order to maximize the accuracy of the test. The more pronounced your symptoms are when you reintroduce an allergenic food, the better the chance that you'll notice them. And if you fail to notice symptoms that show up, then you've missed the main point of doing the test in the first place.

Chapter Three

Following the diet as closely as possible is very important, but following the reintroduction instructions is critical. If you get anxious and rush the reintroduction process, you may very well lose out on the most valuable aspect of this whole thing, which is clearly identifying foods that cause symptoms.

The Reintroduction Schedule

A new food group is introduced every 4th day. This is because it can take a full 3 days for a food to cause a symptom. On the first day a food is introduced, it should be eaten as a substantial portion of breakfast. Then, for the rest of that day and for the next two days, that food group is completely removed from your diet again.

For example, if you're introducing gluten, then for breakfast you might have several pieces of wheat toast (no butter!) and/or a bowl of wheat-based cereal in rice milk, or even a bowl of pasta noodles.

Use the symptom check list found in Appendix A as a way to help you notice any changes in how you feel. Keep in mind that any new symptom that appears after you introduce a food should be assumed to be caused by that food. For instance, perhaps you don't normally have pain in your knee. But if you introduce a new food, and the next day you wake up with a stiff or painful knee, the knee pain is very likely related to the food you introduced.

The symptoms listed in Appendix A are just guidelines. Many symptoms that you could experience are not

on that list. You want to pay close attention to how you are feeling throughout the reintroduction phase so that you don't miss any signals your body is giving you.

If, by the end of the 3rd day after the introduced food you have had no change at all in how you feel and noted no new symptoms, then you can assume that you do not react to that food group. You can now eat it as much as you want for the rest of the reintroduction period and beyond. However, if you experienced a symptom, then it is very important that you not introduce the next food on the list until that symptom has completely resolved.

For example, if you introduce egg, then notice that your chronic sinus congestion has returned that afternoon, you need to be sure your sinuses have completely cleared again before introducing the next food on the list. If you don't allow the symptom to resolve completely, then you might not realize that the next food you introduce causes the same symptom.

Also, for the purposes of this test it is important that you eliminate from your diet any foods that cause a symptom. You should eliminate it at least for the remainder of the reintroduction process so that it doesn't obscure a symptom caused by another food. My recommendation is that you eliminate that food group permanently, and depending on the severity of the symptoms you experience that might be your only option for comfortable living.

Assuming you've had no symptoms show up within 3 days, then on the morning of the 4th day you introduce the next food group in the same way: eat it for breakfast, then remove it for the rest of the day and the next two days. And so on. The key point is that a new food is introduced every 4th day.

I recommend the following order for reintroducing foods. In a clinical setting this order is often altered somewhat, and I'll tell you some of those alterations later.

- 1) *Gluten*
- 2) *Dairy*
- 3) *Egg*
- 4) *Soy*
- 5) *Sugar*
- 6) *Nightshades*
- 7) *Red meat*
- 8) *Corn*
- 9) *Alcohol*
- 10) *Coffee*
- 11) *Peanuts*

Here are the two changes I would make to this schedule based upon certain conditions:

If you experience asthma, introduce egg first.

If you have a history of strep throat, ear infections or sinusitis, introduce dairy first.

These are the only two changes I would make to the schedule. If one of these changes is made, move that food to the top and everything else shifts down one. So if egg is introduced first, then the order would be egg, gluten, dairy, etc.

Now that you have the introduction schedule, let's go over a few things that will help to optimize this whole process.

4

Chapter Four

The suggestions in this chapter are just that: suggestions. The diet will very likely give you accurate information without doing these things. However, while you're at it, why not just take the opportunity to go all the way with it? If you've conjured up the willpower to do the test already, then these supplemental ideas are going to be easy.

Since many foods cause some kind of reaction in the gut, it is important that your gut be functioning as well as it can when you do this test. In the week leading up to starting this diet, it is strongly recommended that you avoid deep fried foods and heavily processed foods such as packaged pastries, hotdogs, and candies. Foods like these often cause inflammation in your gut, and we want your gut working as optimally as it can.

Ideally, you would get a colonic just prior to beginning this test period. If you aren't familiar with colonics, you can find information about them on the web and can probably find out if anyone in your area can do them. In short, a colonic is like a high-powered enema. Any residual allergenic food particles that are still in your large intestine will be flushed out with the colonic, making you an even cleaner slate before you start.

Next, drink way more water than you think you need to. Use this formula: divide your body weight in half, then drink a minimum of that many ounces of water each day. For example, if you weight 200lbs, then you should drink no less than 100oz of pure water daily.

Keep in mind: water means water. Twenty ounces of green tea doesn't count as water.

Finally, if you don't have a regular exercise routine that you follow, then you should plan to move your body more than you typically do. Many people worry that they'll be tired if they're following a diet like this. In fact, most people have much more energy, especially after the first few days of adjustment.

Something as simple as a 10 minute walk after lunch or dinner is adequate. If it can be 20 minutes, even better. And it doesn't have to be a fast walk, just a moderate pace. And while you're at it, take the opportunity to notice the world and get a few deep breaths into your lungs.

5

Chapter Five

Shopping List and Quick Menu Suggestions

The first question people usually have when they see the list of foods they will be eliminating is, "What am I supposed to eat?" Those foods are typically such a central part of our daily diet that we often know of very few meals we could have that don't contain those foods.

Grains:

This is usually the most challenging category for most people. However, this is mostly because wheat has come to dominate our daily diet so much that we've often never learned that there are several very healthy and delicious grains that don't contain gluten.

Quinoa is great; high protein and very easy to make. Two cups water, one cup quinoa, about 20 minutes on the stove. Use it as a starch side dish or put steamed veggies on top of it (more on that below).

Other grains that can be eaten as much as you want include millet, amaranth, buckwheat, and brown or wild rice. There are oodles of online resources to tell you quick and easy ways to prepare any of these.

You can also find pastas and breads made out of many of these foods. Most health food stores now have gluten-free sections. Read labels to make sure none of the other foods on the list are in the gluten-free foods.

Snacks:

I recommend almonds as a first choice, walnuts as a second choice for a protein snack. Of course, carrots, avocados, bananas and many other fruits and vegetables will also work just fine as snacks. Kombucha is a drink that is now pretty widely available and can really help to curb your appetite and potentially satisfy your sweet tooth. And it's good for you, which is a nice bonus.

Meats:

It's fine to eat chicken, turkey and fish. Generally, turkey is preferable to chicken.

Anything not on the exclusion list is OK to eat. These are just some extra ideas for people that might be struggling to imagine that they won't be starving for the duration of this test.

Menu Ideas:

You are probably wondering how in the world you can make a meal out of the foods that aren't being eliminated. Here are a few simple ideas.

Breakfast:

Smoothies are great. It's easy to throw several things into a blender and end up with a drink that will fill you up. Include a protein powder (rice, hemp or pea protein), and use enough that you get 15-20 grams of protein in the drink. Other possible ingredients include

frozen berries, almond butter, a banana, coconut milk (small amount), flax seed powder, probiotics (acidophilus, for example), or anything else that sounds good and isn't on the list to avoid.

Also, don't forget that there's no reason you can't have fish, chicken or turkey for breakfast (but I wouldn't put them in your smoothie).

Lunch:

Salads are your best friend here. Vinegar and oil is the dressing that keeps you on the elimination diet; most other dressings have added dairy, soy, egg or other eliminated food. Always read labels, and don't necessarily trust a server in a restaurant who assures you that there's no dairy (or other eliminated food) in a menu item. Sometimes chefs use butter for cooking or flour in a sauce, for example, and servers might not know this.

Dinner:

Again, salads can be scaled up as large as you like. Top them with salmon, tuna, chicken, beans, almonds, dried cranberries, etc. Experiment with different kinds of lettuce if you haven't already (red leaf, butternut, romaine, etc.).

Steamed vegetables over a grain such as quinoa is a quick, simple dinner as well. There are resources out there for how to steam vegetables. The trick is in the timing so that you don't over-steam them. Once you figure it out, this makes for a great, healthy dinner that can be topped with fish, for example, then dressed with flax oil, olive oil and/or balsamic vinegar.

The part that many people dread the most is giving up sweets, and often this comes up the strongest after lunch or dinner. It's true: this diet doesn't give you too many options for sweets, since virtually anything that tastes sweet has some kind of concentrated sweetener in it.

If this is likely to be an issue for you, then one suggestion is that you brush your teeth immediately after your dinner. This not only cleans out any food taste in your mouth, but it is a signal to your brain — developed over the course of your life — that nothing more will be eaten after your teeth are brushed.

Conclusion

With that, you're ready to begin. If you've never done any dietary restrictions before, this is going to be a dramatic change for you. It will likely make you aware of many kinds of attachments you have to food that you didn't even recognize you have. It will also make you aware of other people's attachments to food as well whenever you mention what you're doing. You'll hear all kinds of comments about how you are being too extreme, you're harming yourself, you're going to lose muscle mass, your teeth are going to fall out, and perhaps lots of other nonsense as well.

This is a relatively short test to discover how you react to foods. When it's over, you'll know more about the relationship between food and your everyday well-being than the vast majority of people. And if you continue to stay away from foods that you discover cause you symptoms, then the reward will be greater vitality for the rest of your life.

Not a bad payoff for a few weeks of discipline.

Appendix A: Symptoms to Monitor

This is not a comprehensive list. Any negative change in how your body or mind feels following the reintroduction of a food group constitutes a reaction to that food. This list is simply to assist you in monitoring some of those possible reactions.

Prior to each food introduction, it is important that you take your resting pulse rate immediately before eating the meal with the introduced food. Then, about 10 minutes after finishing the meal, again take your pulse. If it has risen by more than 10 beats per minute (and you have done no physical activity that would justify a faster heart rate), this is another indication that your body is reacting to that food.

It is recommended that you put a number 0 through 5 to indicate the severity of your response to that food. So, for instance, if gluten causes a moderate headache and intense stomach pains, then put 2 in the headache box under gluten and 5 in the stomach pain box. If no symptoms occur, then either leave it blank or put a 0. Obviously, make any notes about symptoms you wish for your future reference.

	Gluten	Dairy	Egg	Soy	Sugar	Nightshades	Red meat	Coffee	Alcohol	Peanuts
Pulse before										
Pulse After										
Headache										
Earache										
Ringing in ears										
Itching in ears										
Itching in eyes										
Runny nose										
Stuffy nose										
Itching in mouth										
Sores on tongue										
Itching throat										
Sore throat										
Stiff neck										
Swollen lymph nodes										
Stomach pain										
Indigestion										
Gas/bloating										

	Gluten	Dairy	Egg	Soy	Sugar	Nightshades	Red meat	Coffee	Alcohol	Peanuts
Meal feels heavy										
in gut										
Nausea										
Reflux/ heartburn										
Constipation										
Diarrhea										
Anal itching										
Pain in any joint										
Muscle soreness										
Low back pain										
Hand/feet tingling										
Fatigue										
Sleep disturbances										
Mood swings										
Heart palpitations										
Flutter feeling in chest										
Chest pain										
Anxiety/panic										
Brain "fog"										
Dizziness/ lightheaded										
Shortness of breath										
Skin rash with itch										
Skin rash no itch										
Other:										
Other:										
Other:										
Other:										
Other:										

Appendix B:

Quick Summary of the diet and reintroduction

Food groups to eliminate for 3 full weeks:

- 1) Gluten grains** (*BROWS*)
- 2) Dairy** (*reintroduce first if history of ear, throat or sinus infections*)
- 3) Egg** (*reintroduce first if history of asthma or allergies*)
- 4) Soy**
- 5) Sugar**
- 6) Nightshades**
- 7) Red meat**
- 8) Corn**
- 9) Alcohol**
- 10) Coffee**
- 11) Peanuts**

Reintroduce the foods in the order listed above (exceptions noted).

In the reintroduction phase, add a food group once every 4th day. Eat a large amount of the introduced food for breakfast of the first day, then remove that food group for the rest of that day and the next two days. Monitor your symptoms closely. Be sure your breakfast contains only the one food group you intend to reintroduce!

If you are unsure if you experienced a symptom upon introducing a food, eliminate that food group again and do another reintroduction of it as the last food (after peanuts).